

**ARREST BOOKING SHEET/PART A/PROBABLE CAUSE STATEMENT**

Last Name		First	Middle	Suffix	Alias, Scars		Marks		Booking Number					
Turner		Michael												
Address		City		State/Zip		Origin	Sex	Hgt.	Wgt.	Hair	Eyes	Complex		
217 N. 1st St.		Sierra Vista Az.		85635		W	M	6-04	200	Bro	Bro	F		
Age	Date of Birth	Place of Birth	Citizen	Social Security Number			Employer			Occupation				
30	3-21-88		Y	601-98-0051			None							
Emergency Name and Number and Relationship to Person					Address									
F.B.I. Number				State ID Number					Driver's License No. and State					
									D03396154 Az.					
Arresting Agency			Arrest Date		Arrest Time		DR Number		Location of Arrest					
CCSO			12-5-18		2033		18-42230		217 N. 1st St.					
Arresting Officer's Name and Number				Transporting Officer					Location of Occurrence					
Det. R. Olmstead 1419				Dep. Gilbert					SAA					
1. Did defendant attempt to avoid or resist arrest?			2. Was defendant armed at time of offense?		3. Was anyone injured or threatened with person injury by defendant during the course of the offense?				4. Was defendant armed at time of arrest?		5. Has defendant admitted involvement in the offense?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6. Has defendant made any threats against potential witnesses?			7. Is defendant considered a flight risk?		8. Was evidence of the offense found in defendant's possession?				9. Does the State oppose an unsecured release at this time?		10. Defendant is pursuant to <input checked="" type="checkbox"/> Arrest <input type="checkbox"/> Summons <input type="checkbox"/> Warrant			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
11. Was Property Taken or Destroyed?				12. Is there any indication defendant is <input type="checkbox"/> an alcoholic <input type="checkbox"/> an addict <input type="checkbox"/> mentally disturbed					13. List any other charges outstanding against the defendant.					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Value: _____														
Has it been recovered? <input type="checkbox"/> Yes <input type="checkbox"/> No														
Is this being submitted as a 48-hour complaint? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Explain YES answers to questions 1 - 13										
IF SHOPLIFTING - ITEM TAKEN:														
OFFICER'S STATEMENT OF PROBABLE CAUSE: To: JUDGE Dickerson COURT: 5 (INCLUDING ALL ELEMENTS OF WHO/WHAT/WHEN/WHERE/HOW)														
"See attached"														
Print Officer Name and Badge # Det. R. Olmstead 1419 Officer's signature  11/14/19														
JP Court 5	JP Warrant	SC Div	SC Warrant	JP Court 5	JP Warrant	SC Div	SC Warrant	JP Court	JP Warrant	SC Div	SC Warrant			
Charge Description Poss. of Marijuana				Cnts 1	Charge Description Poss. of Drug Para.				Cnts 6	Charge Description				
Violation of Code/Sec: A.R.S. 13-3405A1				Compl No.	Violation of Code/Sec: A.R.S. 13-3415A				Compl No	Violation of Code/Sec: A.R.S.				
Why released & Receipt		Released by:		Why released & Receipt		Released by:		Why released & Receipt		Released by:				
Date Released	<input type="checkbox"/> F	<input type="checkbox"/> M	Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Released	<input type="checkbox"/> F	<input type="checkbox"/> M	Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Released	<input type="checkbox"/> F	<input type="checkbox"/> M	Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Date Booked	Time	Day	Badge #	Booking Officer		Hold		Booking Officer Signature		Booking Officer Signature		Booking Officer Signature		
DR No:				DR No:				DR No:	DR No:	DR No:	DR No:	DR No:		
Vehicle Color			Year	Make and Model			License No.		State	Disposition of vehicle:				

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OFFICIAL COPY**

JP Court 5	JP Warrant	SC Div	SC Warrant	JP Court 5	JP Warrant	SC Div	SC Warrant	JP Court 5	JP Warrant	SC Div	SC Warrant		
Charge Description Poss. of Marijuana				Cnts 1	Charge Description Conspiracy/Sale Dang Drug				Cnts 1	Charge Description Use of a Building to Sell Drug			
Violation of Code/Sec: A.R.S. 13-3405A1				Compl No.	Violation of Code/Sec: A.R.S. 13-1003/13-3407A2				Compl No.	Violation of Code/Sec: A.R.S. 13-3421A			
Why released & Receipt		Released by:		Why released & Receipt		Released by:		Why released & Receipt		Released by:			
Date Released	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M	Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Released	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M	Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Released	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M	Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Date Booked	Time	Day	Badge #	Booking Officer		Hold		Booking Officer Signature					
DR No:				DR No:				DR No:					
JP Court	JP Warrant	SC Div	SC Warrant	JP Court	JP Warrant	SC Div	SC Warrant	JP Court	JP Warrant	SC Div	SC Warrant		
Charge Description				Cnts	Charge Description				Cnts	Charge Description			
Violation of Code/Sec: A.R.S.				Compl No.	Violation of Code/Sec: A.R.S.				Compl No.	Violation of Code/Sec: A.R.S.			
Why released & Receipt		Released by:		Why released & Receipt		Released by:		Why released & Receipt		Released by:			
Date Released	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M	Narc/Drug <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Released	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M	Narc/Drug <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Released	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M	Narc/Drug <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date Booked	Time	Day	Badge #	Booking Officer		Hold		Booking Officer Signature					
DR No:				DR No:				DR No:					

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